



State of California
Office of the Attorney General
Department of Justice

Division of California Justice Information Services
Bureau of Criminal Information and Analysis
Automated Systems Program

FINGERPRINT ROLLING CERTIFICATION PROGRAM

P.O. Box 903387
Sacramento, CA 94203-3870
(916) 227-3250

**Application for Certification
of Non-Exempted Individuals to Take Fingerprint Impressions**
(Penal Code Section 11102.1)

(Print or Type Your Responses)

DOJ USE ONLY

Cert. #: _____

Received: _____

Fee: _____

OCA #: _____

Completed: _____

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		STREET	CITY	ZIP CODE	COUNTY
TELEPHONE NUMBER	DATE OF BIRTH	SSN (Mandatory)		DRIVER'S LICENSE OR CA ID NUMBER	

Please answer fully the following questions

1. ARE YOU A LEGAL RESIDENT OF CALIFORNIA? ☐ YES ☐ NO

2. HAVE YOU EVER USED A NAME OTHER THAN THE ONE ON THIS APPLICATION? ☐ YES ☐ NO IF YES, PLEASE LIST OTHER NAMES BELOW.

3. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF A FELONY OR MISDEMEANOR OFFENSE IN CALIFORNIA OR ANY OTHER STATE? ☐ YES ☐ NO
IF YES, DISCLOSE THE DATE AND PLACE OF ARREST, WHETHER THE CONVICTION WAS FOR A FELONY OR MISDEMEANOR, AND THE SENTENCE IMPOSED.

4. HAVE YOU EVER BEEN ARRESTED IN CALIFORNIA OR ANY OTHER STATE AND/OR ARE YOU AWAITING ADJUDICATION FOR ANY OFFENSE FOR WHICH YOU WERE ARRESTED? ☐ YES ☐ NO IF YES, GIVE DETAILS BELOW.

5. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE OR HAD SUCH LICENSE REVOKED, SUSPENDED OR RESTRICTED?
☐ YES ☐ NO IF YES, GIVE DETAILS BELOW.

CONTINUED

6. HAVE YOU EVER BEEN ADJUDGED LIABLE FOR DAMAGES IN ANY SUIT GROUNDED IN FRAUD, MISREPRESENTATION, OR IN VIOLATION OF STATE REGULATORY LAWS? ☐ YES ☐ NO IF YES, GIVE DETAILS BELOW.

7. HAVE YOU EVER FAILED TO SATISFY ANY COURT ORDERED MONEY JUDGEMENT INCLUDING RESTITUTION? ☐ YES ☐ NO IF YES, GIVE DETAILS BELOW.

CERTIFICATION

8. I CERTIFY THAT I HAVE READ THE PRE-CERTIFICATION MATERIALS PROVIDED BY DOJ. I CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF ALL STATEMENTS, ANSWERS, AND REPRESENTATIONS MADE IN THE FOREGOING APPLICATION, INCLUDING ALL SUPPLEMENTARY STATEMENTS.

Signature of Applicant

Date

**Misrepresentation or Failure to Disclose Requested Information on this Application
is Cause for Denial or Revocation of Certification.**

State of California

County of _____

On _____ (date), before me _____ (name and title "Notary Public"),
personally appeared _____ name(s) of signer(s),
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity(ies),
and that by his/her signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

(Seal)